

King County District Court

Mental Health Court Agreement / Conditions of Treatment

Defendant Name: _____ Date of Birth: _____

Cause Number(s): _____ Charge(s): _____

Cause Number(s): _____ Charge(s): _____

Cause Number(s): _____ Charge(s): _____

Current Mental Health Treatment Provider: _____

Current Case Manager: _____ Phone Number: _____

Date this form initially completed by court monitor _____ date form updated (if different from initial date): _____

DEFENDANT SHALL (please initial the conditions imposed by the Court):

_____ Comply with mental health treatment and attend all scheduled appointments, including appointments with all case managers, counselors, medicine prescribers, and groups recommended by the treatment provider. Take all prescribed medications, as recommended by a provider approved by Mental Health Court.

_____ Obtain a chemical dependency assessment within 30 days. Comply with treatment as recommended by a provider approved by Mental Health Court. This includes attending all scheduled appointments, self-help support groups, such as NA, AA, or CA, and submitting to urinalysis testing and Portable Breath Tests. (May be waived)

_____ Complete a certified Domestic Violence Treatment program, if ordered by the Court, with a provider approved by Mental Health Court. This includes attending all scheduled appointments, and completion of required assignments (May be waived)

_____ Sign all releases of information, as required, to monitor compliance listed in this Agreement / Conditions of Treatment and other conditions as ordered by Mental Health Court.

_____ Report any change in address or telephone number to Probation within 24 hours. Mental Health Court referred and/or approved residence requires compliance with all rules and regulations of the residence, and notification to Probation prior to change of address.

_____ Current Phone: _____

_____ Current Address: _____

_____ Comply with all the terms of the Judgment and Sentence or Order Deferring Sentence.

_____ Do not use, possess or consume any alcohol or non-prescribed drugs.

_____ Do not assault, threaten or harass any other person or damage or threaten any property.

_____ Do not possess, own or have under your control any firearm or weapon.

_____ Do not commit any new law violations.

_____ Meet with Probation twice per month. This may be increased or decreased based upon need and compliance with the treatment plan.

_____ Attend regular review hearings with the court (usually every 30 days. If in compliance, every 60-90 days).

_____ **Other:** _____

_____ **Other:** _____

Signature of Defendant: _____ Date: _____

Judge _____